



**EDWARDS AQUIFER AUTHORITY**  
**EMPLOYMENT APPLICATION**  
 Equal Opportunity, Reasonable Accommodation  
 Employer

1615 N. St. Mary's Street  
 San Antonio, Texas 78215-1415

PVA#: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Home Telephone: \_\_\_\_\_ Other Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Position Applied For: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

Are You Available to Work \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time Date Available For Work \_\_\_\_\_

**EDUCATION RECORD** (Optional, unless required for the position for which you are now applying.)

Please indicate highest level of education obtained.			(print highest grade completed if HS/GED was not obtained)		HS/GED
Bachelors	Masters	Doctorate			
School Name	Location	HOURS EARNED	DIPLOMA, DEGREE OR CERTIFICATE EARNED	MAJOR FIELD OF STUDY	
Business/Technical/Vocational					
1.					
Colleges/Universities					
1.		(Semester)			
2.					
Graduate Schools					
1.		(Semester)			
2.					

**LICENSES** (Optional, unless required for the position for which you are applying.)

Driver's License – "X" those that apply	For positions that require specific licenses, copies of licenses will be required at the time of interview.
Operators: <input type="checkbox"/> C <input type="checkbox"/> M	List other current licenses, certifications, or registrations required for the position for which you are applying. Indicate types and dates received.
Commercial: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C Endorsements: <input type="checkbox"/> T <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> H <input type="checkbox"/> X	
Expiration Date? _____ Number: _____	

**SPECIAL SKILLS/LANGUAGES** (Optional, unless required for the position for which you are now applying.)

List any special skills you possess and/or equipment or office machines you can operate.		
Typing Test Score: _____ WPM	Tested by TWC or Edwards Aquifer Authority? _____	Test Date: _____
Languages (Other than English):		
1. <input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write	2. <input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write	

**Other Information**

May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	May we contact your former employers? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you previously worked for the Authority? <input type="checkbox"/> Yes <input type="checkbox"/> No When? _____	
Have you ever been convicted of a felony or pled guilty to a felony within the last 10 years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, list all such offenses and state the date of your conviction and identify the court in which you were convicted.	
Are you related to any Authority director or any person now employed by the Authority? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete the next line.	
Name: _____	Relationship: _____

# EMPLOYMENT RECORD

The following information must be completed even when a resume is attached. Please list all employment, unemployment, military, or volunteer experience. Begin with your present or last position and work back. Provide sufficient, qualifying experience. Additional information Sheets are available if needed.

Employer:	_____	Full-time (40 hrs/wk)	_____	Position Title:	_____
Address:	_____	Part-time (<40 hrs/wk)	_____	Ending Salary:	_____
City/State:	_____			Phone Number:	_____
		Months in this position:	_____	Supervisor's Name:	_____
Start Date	End Date			Supervisor's Phone:	_____
Reason for Leaving:	_____				
Describe responsibilities and duties you performed: _____					

Employer:	_____	Full-time (40 hrs/wk)	_____	Position Title:	_____
Address:	_____	Part-time (<40 hrs/wk)	_____	Ending Salary:	_____
City/State:	_____			Phone Number:	_____
		Months in this position:	_____	Supervisor's Name:	_____
Start Date	End Date			Supervisor's Phone:	_____
Reason for Leaving:	_____				
Describe responsibilities and duties you performed: _____					

Employer:	_____	Full-time (40 hrs/wk)	_____	Position Title:	_____
Address:	_____	Part-time (<40 hrs/wk)	_____	Ending Salary:	_____
City/State:	_____			Phone Number:	_____
		Months in this position:	_____	Supervisor's Name:	_____
Start Date	End Date			Supervisor's Phone:	_____
Reason for Leaving:	_____				
Describe responsibilities and duties you performed: _____					

Employer:	_____	Full-time (40 hrs/wk)	_____	Position Title:	_____
Address:	_____	Part-time (<40 hrs/wk)	_____	Ending Salary:	_____
City/State:	_____			Phone Number:	_____
		Months in this position:	_____	Supervisor's Name:	_____
Start Date	End Date			Supervisor's Phone:	_____
Reason for Leaving:	_____				
Describe responsibilities and duties you performed: _____					

**SPECIAL SKILLS AND QUALIFICATIONS:**

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Do you have any commitments to any other employer that may affect your employment with Edwards Aquifer Authority?

Yes          No

If yes please list:

**REFERENCES**

Give three **professional** references other than relatives who can be reached by telephone (preferably during regular office hours Monday through Friday) who have known you for the past year or more.

Name	Occupation	Address	Phone

**PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING:**

I understand that if I am hired, it will be at the discretion of the General Manager, as prescribed in the Authority's Bylaws. I understand that employment with the Authority is "AT-WILL" which means that the Authority has no obligation to continue to employ me in the future. I further understand that no person other than the General Manager has any authority to alter an employee's at-will relationship with the Authority and that any such alteration must be in writing and signed by the General Manager or it is not binding upon the Authority.

I certify that I have made no misrepresentation in this application and I have not withheld information in my statements and answers to questions. I hereby authorize the Edwards Aquifer Authority to investigate and verify any representations made by me, either orally or in writing. I hereby release the Authority, and any individual who provides or obtains information pursuant to this authorization, from any and all liability for damages of any kind which may result to me on account of compliance, or attempts to comply, with this authorization. I am also aware that my application is subject to the Texas Public Information Act and may be released as a public document. I also understand that this application is the property of the Edwards Aquifer Authority and will become a part of my personnel file if I am hired.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_



EDWARDS AQUIFER  
AUTHORITY

### ADDITIONAL INFORMATION SHEET

Application Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Position Applied For: \_\_\_\_\_ PVA#: \_\_\_\_\_

Employer: _____	Full-time (40 hrs/wk) _____	Position Title: _____
Address: _____	Part-time (<40 hrs/wk) _____	Ending Salary: _____
City/State: _____		Phone Number: _____
	Months in this position: _____	Supervisor's Name: _____
Start Date _____	End Date _____	Supervisor's Phone: _____
Reason for Leaving: _____		
Describe responsibilities and duties you performed: _____		

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City/State: _____		Phone Number: _____
	Months in this position: _____	Supervisor's Name: _____
Start Date _____	End Date _____	Supervisor's Phone: _____
Reason for Leaving: _____		
Describe responsibilities and duties you performed: _____		

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

